



CRYPTOGRAPHIC ACCESS REQUEST

PART I - REQUEST FOR ISSUANCE OF CRYPTOGRAPHIC ACCESS AUTHORIZATION *(To Be Completed By All Employees)*

To IRM/OPS/ITI/SI/CSB	From <i>(Name of Requesting Official, Office Symbol/Overseas Post, or Name of Company and Address)</i>		
Name of Employee <i>(Last, First, M.I.)</i>		Date of Birth <i>(mm-dd-yyyy)</i>	Employee Type <input type="checkbox"/> Full Time Employee <input type="checkbox"/> Contractor
SSN <i>(FTE's - last four SSN, Contractors - full SSN)</i>	Office Symbol/Overseas Post	Grade <i>(FTE's only)</i>	Estimated Expiration Date <i>(FTE's only) (mm-dd-yyyy)</i>
Type of Cryptographic Access Authorization <input type="checkbox"/> Cryptographic Access For Use <input type="checkbox"/> Cryptographic Access For Access Only	Is Cryptographic Access for TDY Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, From <i>(mm-dd-yyyy)</i> _____ To <i>(mm-dd-yyyy)</i> _____ City _____ Country _____		
Job Title and Justification of Employee's Duties Which Require Cryptographic Access Authorization			

PART II - CRYPTOGRAPHIC ACCESS AUTHORIZATION *(To Be Completed By Contractors Only)*

The named contract requires cryptographic access, the company holds an approved DD-254 and a letter of consent has been issued.

COR Typed Name and Office Symbol		Signature	Date <i>(mm-dd-yyyy)</i>
Contract Number	Task Number <i>(If any)</i>	Security Classification of Cryptographic Information to Which Employee Will Require Access	Existing Security Clearance
Typed Name of Company's Designated Representative		Signature of Company's Designated Representative	Date <i>(mm-dd-yyyy)</i>
_____ Name of Employee Employed by _____ is authorized to access cryptographic Name of Company information at the top secret level. He or she (is) (is not) authorized access to operational U.S. Government traffic information for installation, maintenance or operation of cryptographic equipment for the Government.			
Typed Name of Organization IRM/OPS/ITI/SI/CSB	Signature of Authorization Official		Date <i>(mm-dd-yyyy)</i>

Privacy Act Statement

Authorities: The information is sought pursuant to 5 U.S.C. § 301 *(Management of Executive Department)*; 22 U.S.C. § 3921 *(Management of the Foreign Service)*; 22 U.S.C. § 2651a *(Administration by the Department of State)*, Executive Orders 11652 and 12968. Authority to solicit Social Security Number (SSN) is Executive Order 9397.

Purpose: The information solicited on this form is necessary to determine eligibility for a Department of State cryptographic access clearance. Social Security numbers are used to identify individuals seeking a Cryptographic access clearance.

Routine Use: The information on this form may be shared with an individual's Contract Company. Providing this information, including SSN, is voluntary, but your failure to do so will prevent access to U.S. classified cryptographic information.

PART III - BRIEFING CERTIFICATE (To Be Completed By All Employees)

A. I understand that I am being granted access to U.S. classified cryptographic information. I understand that my being granted access to this information involves me in a position of special trust and confidence concerning matters of national security. I hereby acknowledge that I have been briefed concerning my obligations with respect to such access.

B. I understand that safeguarding U.S. classified cryptographic information is of the utmost importance and that the loss or compromise of such information could lead to irreparable damage to the United States and its allies. I understand that I am obligated to protect U.S. classified cryptographic information and I have been instructed in the special nature of this information and the principle for the protection of such information. I acknowledge that I have also been instructed in the rules requiring that I report any foreign contacts, visits, and travel to my appropriate security officer and that, prior to this briefing, I reported any unauthorized foreign travel or foreign contacts I may have had in the past.

C. I understand fully the information presented at the briefing I have received, and I am aware that any willful disclosure of U.S. classified cryptographic information to unauthorized persons may make me subject to prosecution under the criminal laws of the United States. I have read this certificate and my questions, if any, have been answered. I acknowledge that the briefing officer has made available to me the provisions of Sections 641, 793, 794, 798, and 952 of Title 18 and Section 783 of Title 50 of the United States Code, and Executive Order 13526. I understand and accept that unless I am released in writing by an authorized representative of my appropriate security office, the terms of this certificate and my obligation to protect all U.S. classified cryptographic information to which I may access applies during the time of my access and at all times thereafter.

Signature of Administering Official	Typed Name of Administering Official	Date (mm-dd-yyyy)
Signature of Employee	Typed Name of Employee	Date (mm-dd-yyyy)

PART IV - DEBRIEFING CERTIFICATE (To Be Completed By All Employees)

I am aware that my authorization for access to U.S. classified cryptographic information is being withdrawn. I fully appreciate and understand that the preservation of the security of this information is of vital importance to the welfare and defense of the United States. I certify that I will never divulge any U.S. classified cryptographic information which I acquired, nor discuss with any person of the U.S. classified cryptographic information to which I have had access, unless and until freed from this obligation by official written notice from competent authority. I affirm that I am familiar with the provisions of sections 641, 793, 794, 798, 952, of Title 18, Section 783 of Title 50 United States Code, and Executive Order 13526.

Signature of Administering Official	Typed Name of Administering Official	Date (mm-dd-yyyy)
Signature of Employee	Typed Name of Employee	Date (mm-dd-yyyy)